



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Improving Quality and Reducing Disparities at Partners HealthCare: What We Know and What We Need to Know

Gary L. Gottlieb, MD, MBA
President and CEO, Partners HealthCare

Partners Vision and Commitment

Vision

- Eliminate disparities

Commitment

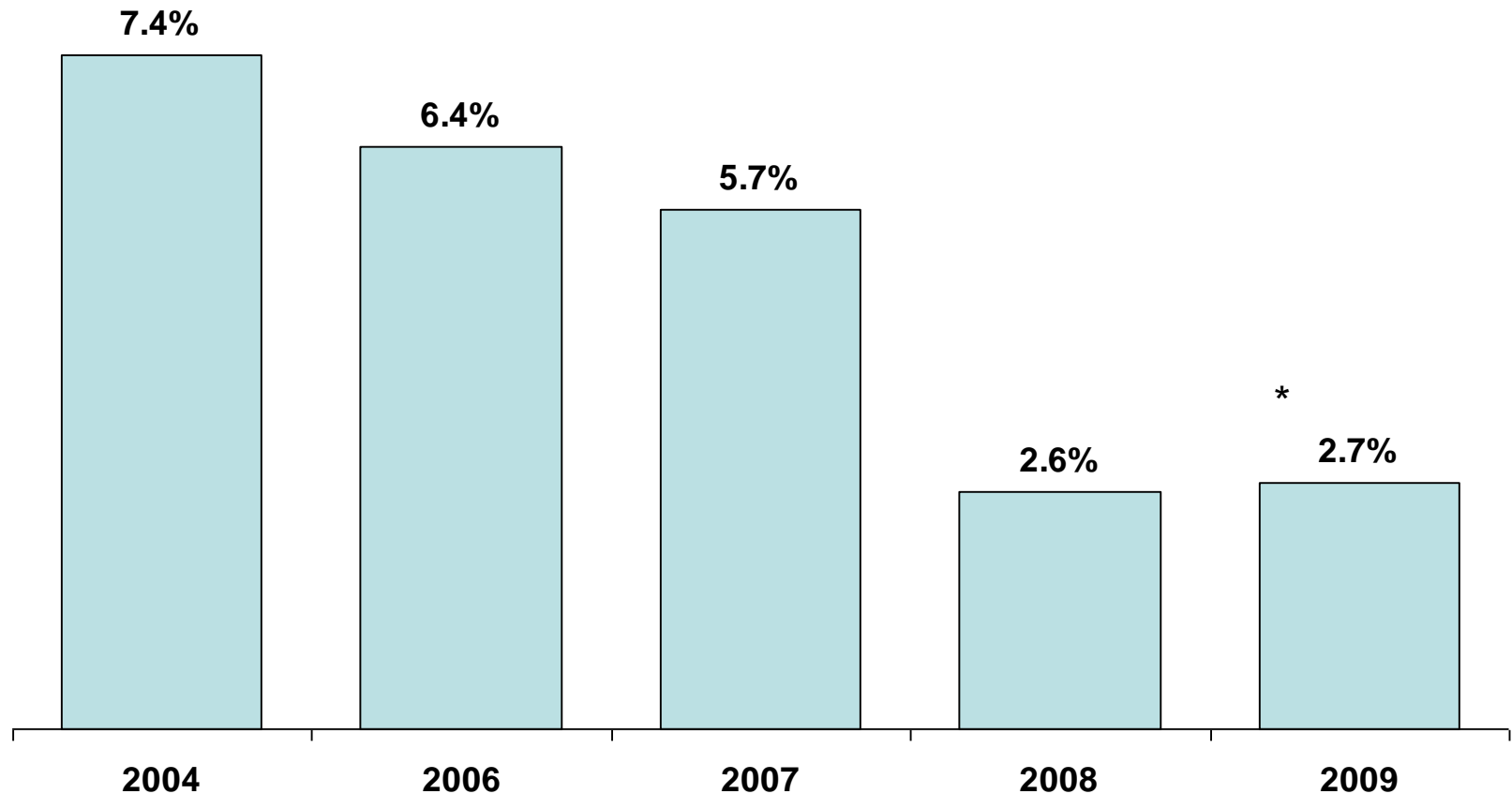
- Mobilize broad and deep resources of Partners organization to collaborate with other public and private organizations to make significant, measurable, and sustainable progress towards realizing this vision

Partners Healthcare – Background

- Founded by Brigham and Women's Hospital and Massachusetts General Hospital in 1994
- Not-for-profit network of hospitals (AMCs, community, specialty) physician network, community health centers, home health and long term care
- 21 licensed and affiliated health centers
- \$150M in community benefit spending

People without Health Insurance

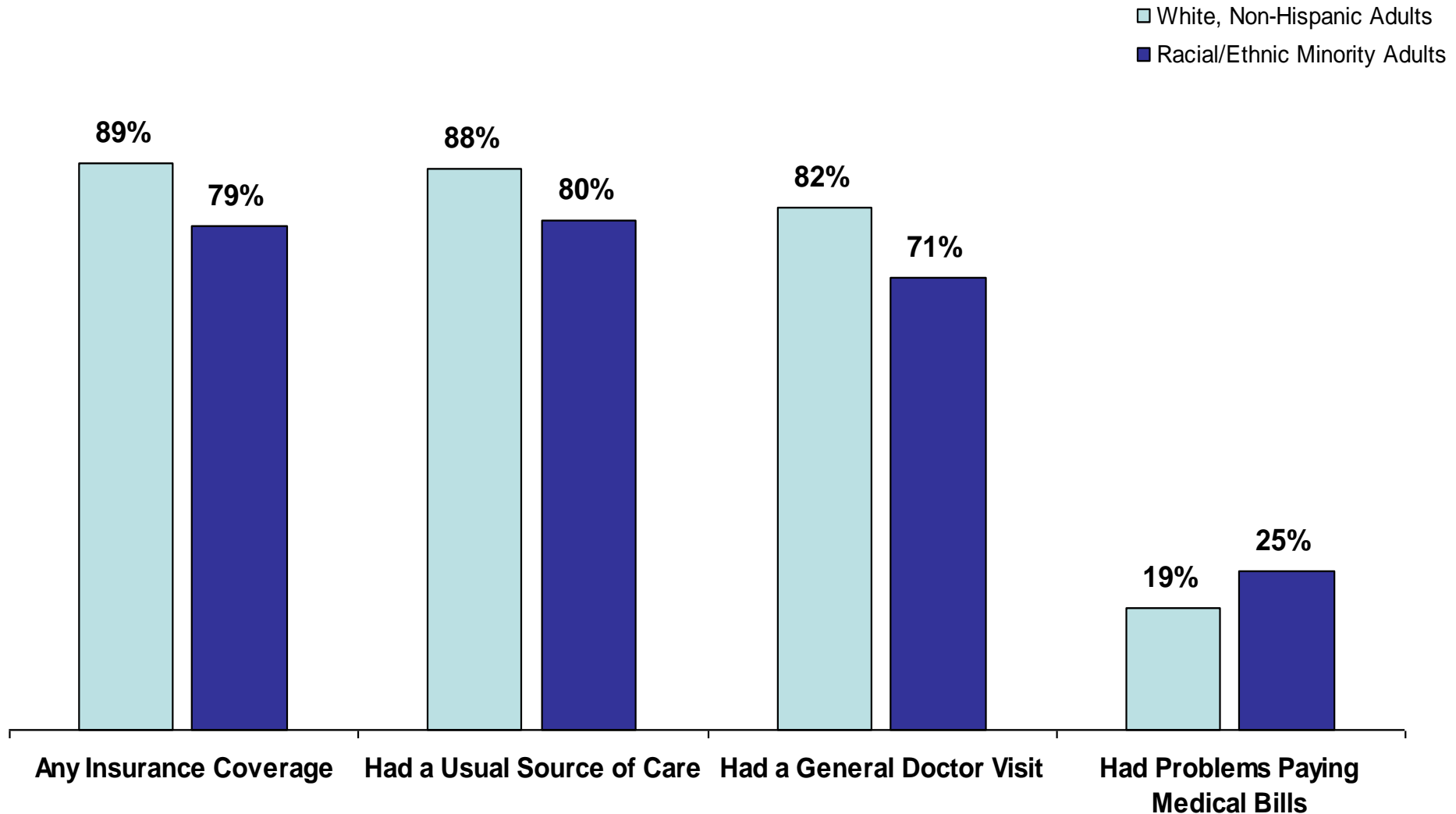
Percent of All Massachusetts Residents – Lowest Rate in the Nation



Source: DHCFP, 2009

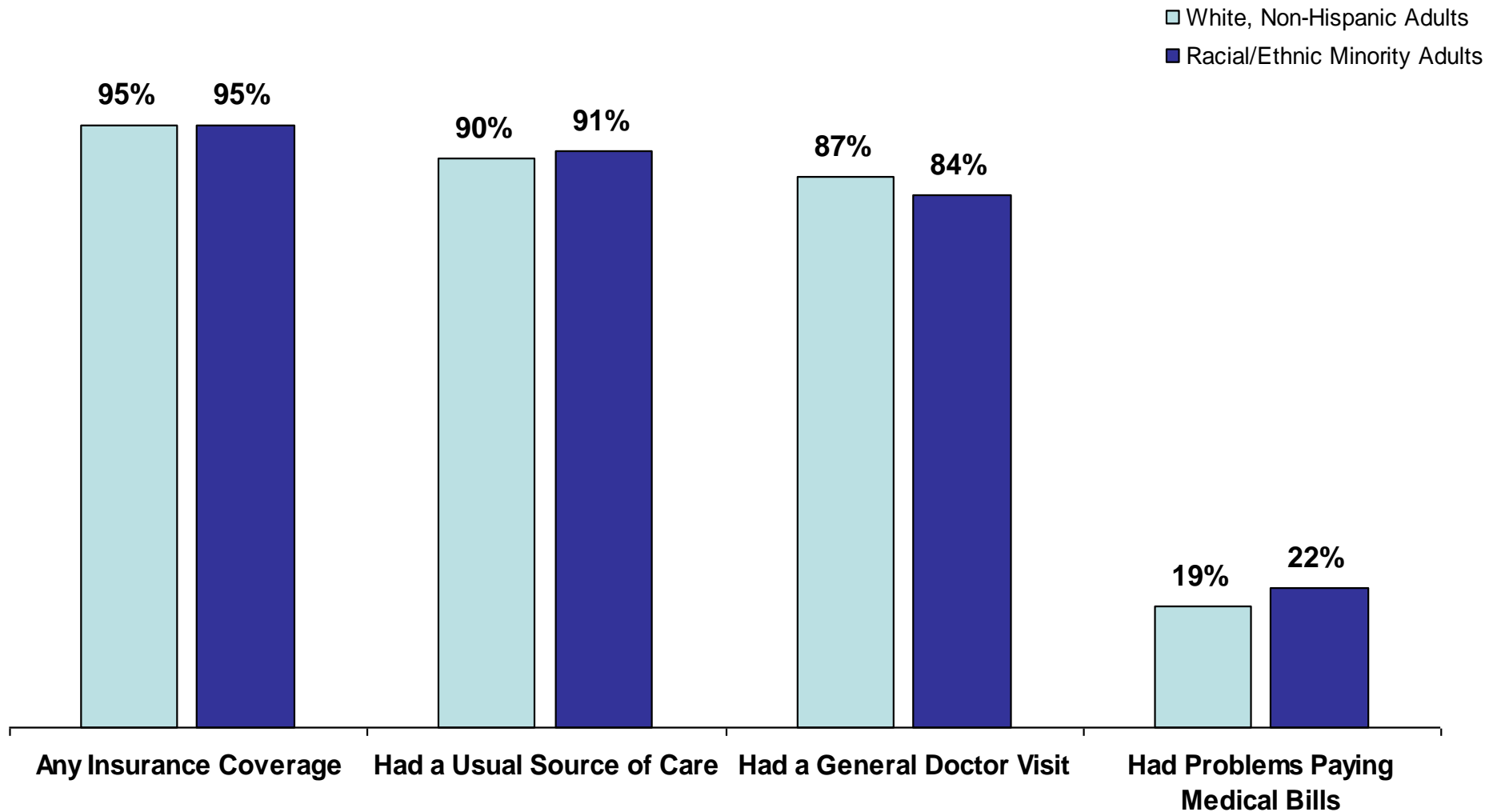
* The 2009 estimate is not statistically different from the 2008 estimate.

Racial/Ethnic Disparities – Pre-Reform



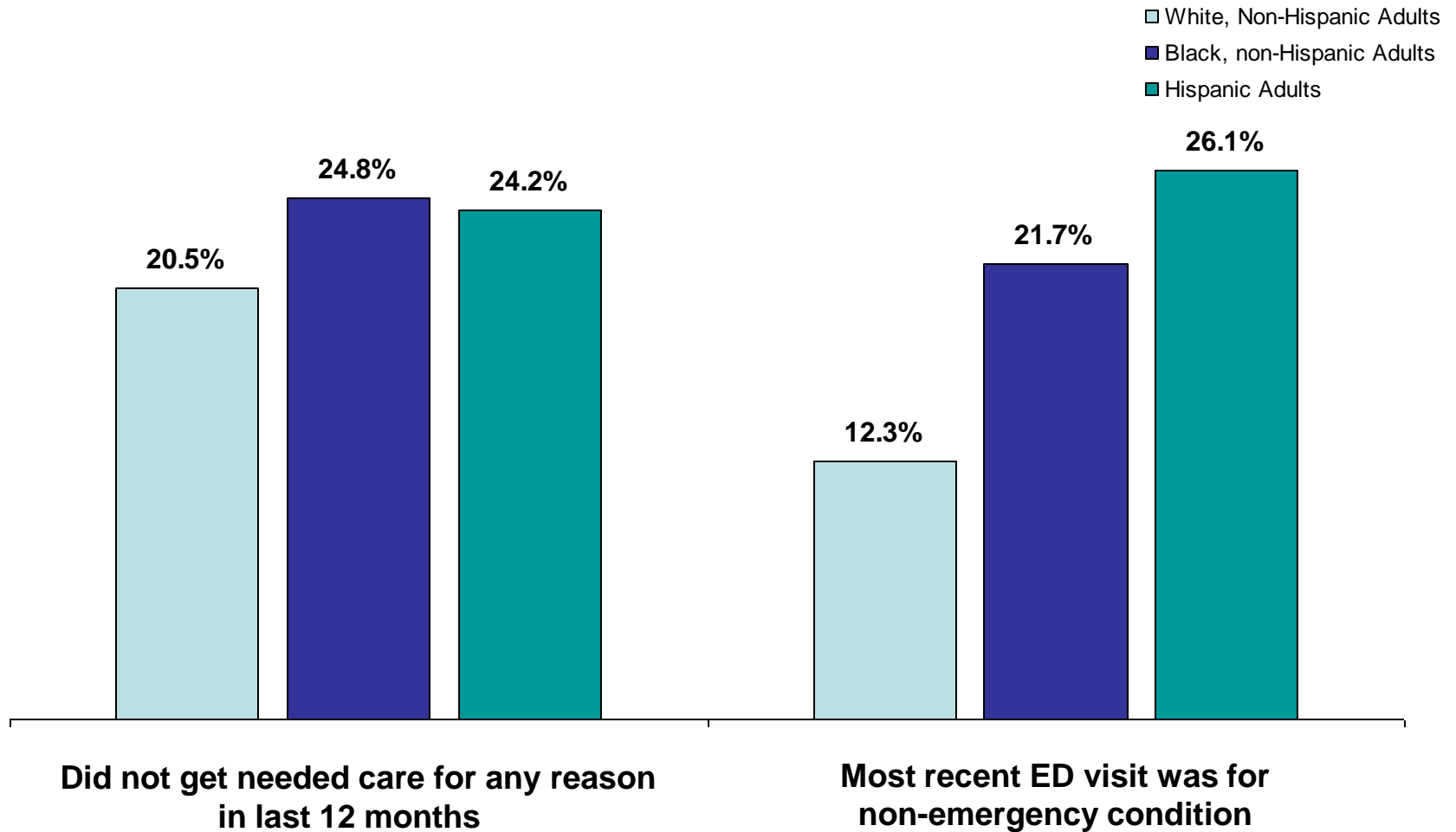
Source: *Health Reform in Massachusetts: An Update as of Fall 2009*, Urban Institute/Blue Cross Blue Shield of Massachusetts Foundation, June 2010

Racial/Ethnic Disparities – Post Reform



Source: *Health Reform in Massachusetts: An Update as of Fall 2009*, Urban Institute/Blue Cross Blue Shield of Massachusetts Foundation, June 2010

Racial/Ethnic Disparities



Source: 2008 Massachusetts Health Reform Survey, Blue Cross Blue Shield of Massachusetts Foundation, August 2009

Statewide Primary Care Loan Repayment

- **\$5M** Bank of America gift seeded statewide loan repayment program – administered by the Massachusetts League of Community Health Centers
- Additional funding from Partners HealthCare, the Commonwealth of MA, and others
- **110** primary care providers have committed to work in community health centers, creating capacity for nearly **194,400** patients.

What can delivery systems do?

Two initiatives underway at Partners



- Center for Community Health and Health Equity
- Led by Wanda McClain



- The Disparities Solutions Center
- Led by Joseph R. Betancourt, M.D., M.P.H.

Center for Community Health and Health Equity

Brigham and Women's Hospital



BW/F Balanced Scorecard

Used to measure potential disparities and to develop specific and targeted interventions

Quality measures containing reports by Race/Ethnicity and Gender are:

Perspective	Strategic Goal	Measure Name	Frequency
Service Excellence & Growth	Patient Satisfaction	PG Satisfaction \ Survey Mean	Monthly
		ED Patient Satisfaction \ Survey Mean	Monthly
Quality & Efficiency of Care	Quality Outcomes	14 Day Readmission rate	Monthly
		In Hospital Mortality Rate	Monthly
		Observed vs. Expected Morality (Ratio)	Monthly
		Ambulatory HEDIS	Monthly
Financial Performance	Expense Control	Average Length of Stay	Monthly
		ALOS \ Observed vs. Expected (Ratio)	Monthly
	Revenue Growth	Discharge Volume \ Inpatient and ATO	Monthly
		Surgical Procedure Volume \ BWH	Monthly

BW/F Health Equity Oversight Committee

Established to set policies and priorities for health equity agenda

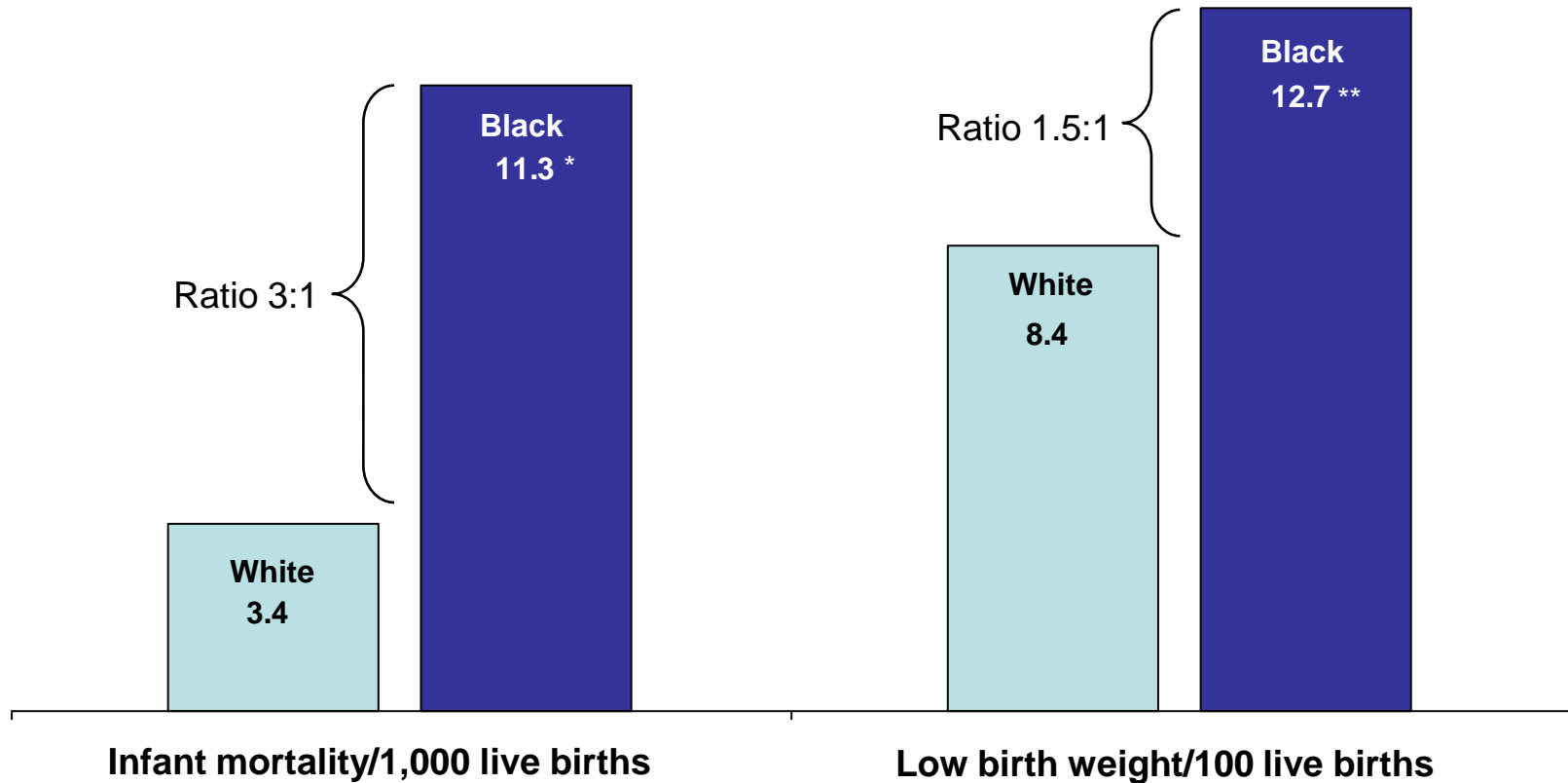
- Bi-annual meetings of the 29 member committee
- Chaired by BWH President
- Membership includes BW/F trustees, clinical and administrative leaders

Health Equity Priorities

- Women's Health
- Infant Mortality/Low Birth Weight
- Colorectal Cancer Screening
- Cardiovascular Disease



Disparities in Birth Outcomes: Boston 2007



Source: *Health of Boston, 2009*

Birth Equity Strategies

An intervention to eliminate the disparity requires:

- A **clinical strategy** for preventing preterm birth among black women and to reduce maternal psychosocial stress
- A **community strategy** to address social determinants of health and establish/increase civic engagement
- A **health system strategy** to enhance women's health via a model of care delivery that is comprehensive and continuous across a life course
- A **research strategy** to increase scientific investigation for a targeted intervention

The Birth Equity Initiative

A comprehensive health system- and community-based intervention to eliminate the black-white gap in birth outcomes over the next ten years.

- **Childhood & Adolescence**

- Nutrition
- Health risk behaviors
- Dropout and teen pregnancy

- **Preconception**

- Women's Health
- Screening for and management of pre-existing chronic conditions
- Mental Health

- **Interconception**

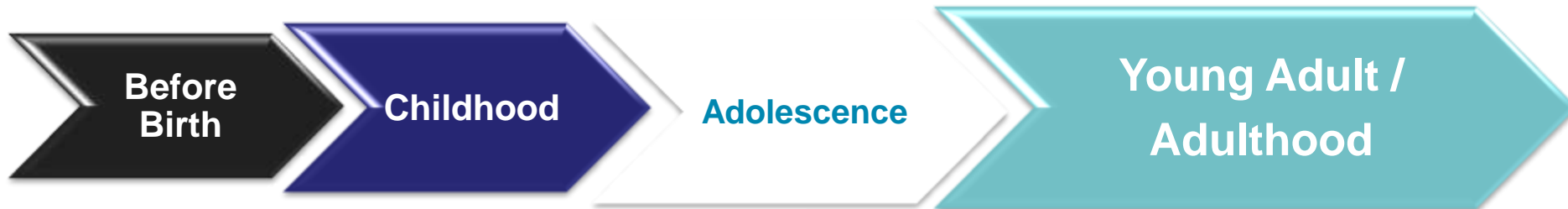
- Prior adverse perinatal outcome

- **Prenatal**

- Adequacy of care
- Access to care
- Quality of care

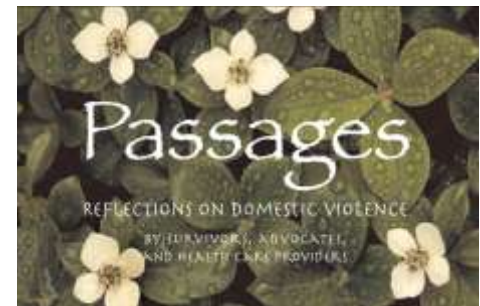
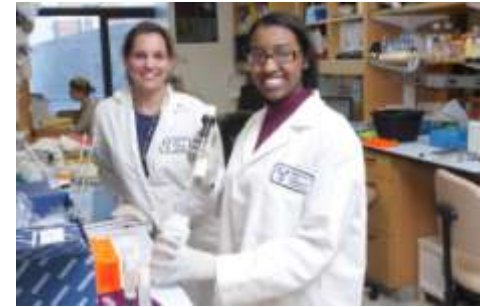
- **Postnatal**

- Providing infants and families with resources and social supports
- Continuity of care – Pediatricians
- Addressing potential risk factors in the home



Addressing Key Social Determinants of Health

- **Creating Opportunities for Youth and Community**
 - School Partnerships
 - Maurice J. Tobin School in Mission Hill
 - Mission Grammar School
 - Edward M. Kennedy Academy for Health Careers
 - Youth Programs
 - Students Success Jobs Program
 - Pen Pals, Book Buddies and Summer Science Academy
- **Providing Domestic Violence Treatment and Advocacy**
 - Passageway and Passageway Health Law Collaborative



Results of Our Investment in Young People

- **98%** of 4th & 5th grade students participating in Health and Science Clubs – achieved a 25% increase in test scores
- **94%** of Project TEACH participants plan to pursue a career in health or science
- **98%** of SSJP high school alumni attend college, 60% were the first in their immediate family to attend college
- **200 +** BWH volunteers – create educational and employment opportunity for young people. Build upon BWH commitment to foster a diverse healthcare workforce

The Disparities Solutions Center

Massachusetts General Hospital



Identifying and Benchmarking Disparities

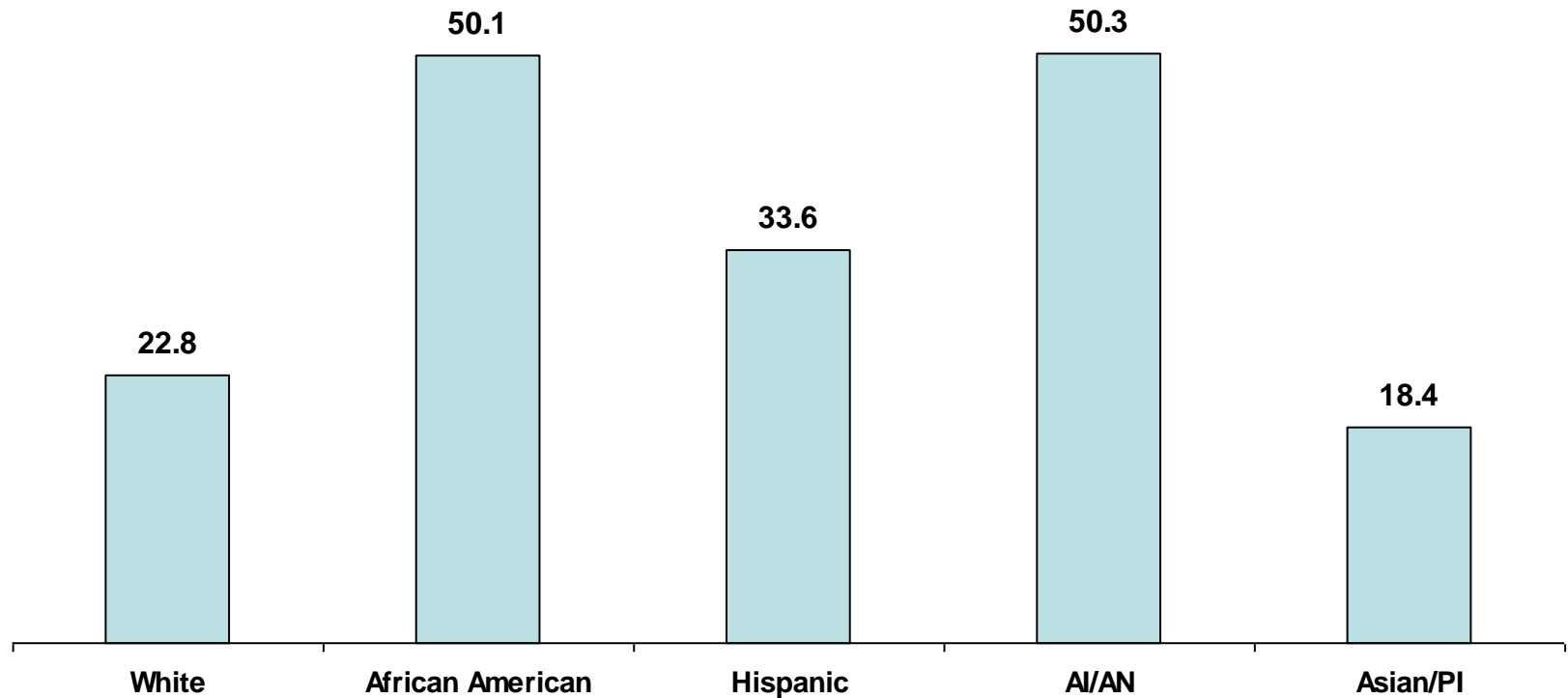
- Medical Policy
 - All QI stratified by race/ethnicity
- CMS National Hospital Quality Measures
 - Stratify all measures
- Unit-Based Staff Quality Rounds
 - Exploring disparities: main finding was concern about language barriers over course of hospitalization
- Patient Satisfaction
 - Stratified PG results by race/ethnicity, then added questions about respect for culture/race/religion
 - Surveyed 400 minority patients regarding their experience
- Present information in yearly **Disparities Dashboard**

Disparities Dashboard Executive Summary

- **Green Light: Areas where care is equitable**
 - National Hospital Quality Measures
 - HEDIS Outpatient Measures (Main Campus)
 - Pain Mgmt in the ED
- **Orange Light: National disparities, areas to be explored**
 - Mental Health, Renal Transplantation
 - All cause and ACS Admissions (so far no disparities)
 - CHF Readmissions (so far no disparities)
 - Patient Experience
- **Red Light: Disparities found, action being taken**
 - Diabetes at community health centers
 - Chelsea (Latino), Revere (Cambodian) Diabetes Project
 - Colonoscopy screening rates
 - Chelsea CRC Navigator Program (Latinos)

Diabetes-Related Death Rate, 2004

Deaths per 100,000 population



Culturally Competent Disease Management

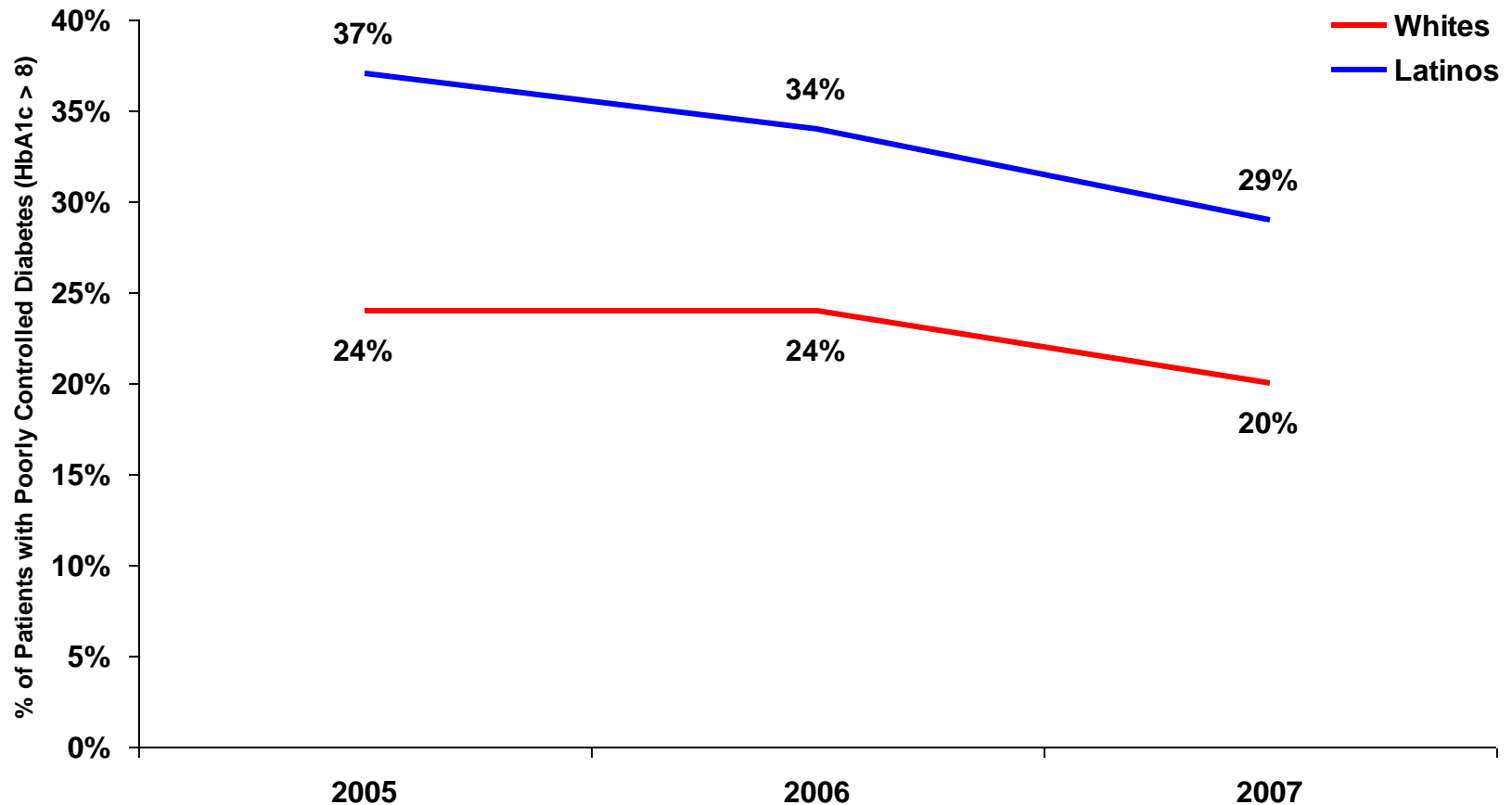
The MGH Chelsea Diabetes Program

Collaboration of the Disparities Solutions Center, Chelsea Healthcare Center, and the MGPO

- A quality improvement / disparities reduction program with 3 primary components:
 - Telephone outreach to increase rate of HbA1c testing
 - Individual coaching to address patients' needs and concerns regarding diabetes self-management to improve HbA1c
 - Group education meeting ADA requirements

Diabetes Control Improving for All:

Gap between Whites and Latinos Closing



- Chelsea Diabetes Management Program began in first quarter of 2006; in 2008 received Diabetes Coalition of MA Programs of Excellence Award

Summary

- There is a significant body of evidence that has identified racial/ethnic disparities in health care
- Hospitals can play a major role in their elimination through quality improvement
 - Quality, Cost, Safety, Accreditation are drivers
 - Essential elements include engaged leadership, data collection, monitoring, quality improvement, provider and patient interventions, community partnerships
 - Engaged recruitment, mentoring and advancement efforts across the caregiver and employee spectrum are critical
- IOM recommendations will improve the care not only of minorities, but of all Americans